

State Employees

2019 Enrollment Information

Open Enrollment Period is
October 1 - October 31, 2018

Elections are effective January 1, 2019



Contact Information - State of Kansas Health Plan Vendors

Aetna Customer Service Behavioral Health (Aetna BH)	www.aetnastateofkansas.com All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754
Blue Cross and Blue Shield of Kansas Customer Service New Directions - Behavioral Health New Directions - Autism	www.bcbsks.com/CustomerService/Members/State/ All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185 All Areas (Toll Free): 800-952-5906 Topeka: 785-233-1165 All Areas (Toll Free): 877-563-9347 Option 2
Caremark Customer Service Caremark Connect Specialty Pharmacy	www.caremark.com All Areas (Toll Free): 800-294-6324 TDD (Toll Free): 800-863-5488 All Areas (Toll Free): 800-237-2767
Delta Dental of Kansas, Inc. Customer Service	www.deltadentalks.com/ All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
HealthQuest HealthQuest@cerner.com	www.kansashealthquest.cernerwellness.com All Areas (Toll Free): 888-275-1205
MetLife - Voluntary Benefits Customer Service	www.metlife.com/stateofks All Areas (Toll Free): 800-438-6388
NueSynergy - Flexible Spending Accounts State Employees Only Customer Service	www.MyKansasCDH.com All Areas (Toll Free): 855-750-9440 Fax (Toll Free): 855-890-7238
NueSynergy - Health Reimbursement Accounts and Health Savings Accounts Customer Service	www.MyKansasCDH.com All Areas (Toll Free): 855-750-9440 Fax (Toll Free): 855-890-7238
Preferred Lab Benefit Program <ul style="list-style-type: none">Quest Diagnostics Lab Card Program Customer Service Collection Site ListingsStormont Vail Regional Lab Program Patient Financial Services Benefit Information and Collection Site Listings	www.labcard.com All Areas (Toll Free): 800-646-7788 www.labcard.com/collection.html www.stormontvail.org/state-employees-lab All Areas (Toll Free): 800-637-4716 Topeka: 785-354-1150
Surency Vision Customer Service	www.surency.com/stateofkansas All Areas (Toll Free): 866-818-8805 Wichita: 316-462-3316
TASC - COBRA Administration Customer Service	www.tasconline.com All Areas (Toll Free): 844-285-9985

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View all Open Enrollment information including the Provider Directories, Benefit Descriptions and detailed information on all State Employee Health Plan programs and options at www.kdheks.gov/hcf/sehp/default.htm

SEHP Vendor presentations of Plan Year 2019 information are available here - www.kdheks.gov/hcf/sehp/PY2019-Info.htm

The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or go to the vendor page on our website. Benefit Descriptions are listed under each vendor.

STATE EMPLOYEE HEALTH PLAN OPEN ENROLLMENT WEBINARS

Registration links are on the website at:

www.kdheks.gov/hcf/sehp/default.htm

STATE EMPLOYEES

Monday	9-24-18	9:30 am	Wednesday	10-3-18	1:00 pm
Monday	9-24-18	11:00 am	Wednesday	10-3-18	2:30 pm
Monday	9-24-18	1:30 pm	Thursday	10-4-18	9:00 am
Monday	9-24-18	3:00 pm	Thursday	10-4-18	10:30 am
Tuesday	9-25-18	9:00 am	Friday	10-5-18	9:30 am
Tuesday	9-25-18	10:30 am	Friday	10-5-18	11:00 am
Tuesday	9-25-18	1:00 pm	Monday	10-8-18	2:00 pm
Tuesday	9-25-18	2:30 pm	Tuesday	10-9-18	12:00 pm
Wednesday	9-26-18	8:30 am	Wednesday	10-10-18	2:00 pm
Wednesday	9-26-18	10:00 am	Thursday	10-11-18	9:00 am
Thursday	9-27-18	2:00 pm	Friday	10-12-18	11:00 am
Thursday	9-27-18	3:30 pm	Monday	10-15-18	9:00 am
Friday	9-28-18	9:00 am	Tuesday	10-16-18	1:00 pm
Friday	9-28-18	10:30 am	Wednesday	10-17-18	1:00 pm
Monday	10-1-18	10:00 am	Thursday	10-18-18	11:00 am
Monday	10-1-18	11:30 am	Monday	10-22-18	10:30 am
Tuesday	10-2-18	11:00 am	Tuesday	10-23-18	10:00 am
Tuesday	10-2-18	1:30 pm	Thursday	10-25-18	9:30 am

NON STATE EMPLOYER GROUPS

Wednesday	October 3, 2018	9:00 am
Wednesday	October 3, 2018	10:30 am
Thursday	October 11, 2018	1:30 pm
Thursday	October 11, 2018	3:30 pm

HIGHLIGHTS FOR PLAN YEAR 2019

ACTIVE ENROLLMENT

Enrollment for Plan Year 2019 is an ACTIVE enrollment. This means members must make elections for 2019 coverage – 2018 selections will not roll over to 2019. **Members that do not make an election for Plan Year 2019 will be defaulted to Plan N through their current carrier and at the same coverage level with an HRA.**

NOTE: Employees that have waived medical coverage for Plan Year 2018 and do not make elections during Open Enrollment for 2019 will continue in waived status for 2019.

WHAT'S NEW?

STANDALONE DENTAL COVERAGE

You may now elect standalone dental coverage for Plan Year 2019. Employee and eligible dependents can be enrolled in dental coverage without being enrolled in medical.

ASK ALEX

Ask Alex is a new interactive tool that acts as a virtual benefit counselor to help you understand and select benefits in a personalized way. It also helps you determine the financial impact of your benefit choices. This shopping tool is a guide and is NOT an enrollment tool. You will still make your benefit selections and enroll through MAP. Check out the comparison tool - www.myalex.com/kansassehp/2019

WHAT'S CHANGING?

NEW HSA AND HRA VENDOR - NueSynergy will be the Health Savings Account (HSA) and Health Reimbursement Account (HRA) vendor beginning with Plan Year 2019. Maximum HSA Contribution Levels (including employer contribution) for Plans C and N are \$7,000 (increased \$100) for Family coverage and \$3,500 (increased \$50) for single coverage. **You will need to decide if you want to transfer your account funds from Optum to NueSynergy. More detailed information on how to transfer your funds will be provided outside of this enrollment book.**

HEALTH CARE AND DEPENDENT CARE ACCOUNTS

When enrolling in Plan C or N, members have the choice of an HRA or HSA. New participants will need to Accept the Terms and Conditions during the enrollment process in MAP to open the HSA or HRA, then register their account with NueSynergy at www.MyKansasCDH.com

When enrolling in Plan J or Q with an HRA, new participants will need to elect an HRA during the enrollment process in MAP. These new plans are not Qualified HDHPs and come with an HRA to hold any HealthQuest dollars earned throughout the plan year by participating in HealthQuest activities. Employees and their covered spouse can earn up to \$500 each. These dollars can be used towards your Deductible, Coinsurance or any other eligible expenses.

Members can view account details at www.MyKansasCDH.com

Health Savings Account (HSA)

Note: If you are enrolled in Medicare Part A or B, you are not eligible for an (HSA).

Through their HSA, members with a Qualified High Deductible Health Plan can set aside pre-tax money to pay for eligible health care expenses. Examples of the types of medical expenses you can spend your HSA funds for include:

- Deductibles and Coinsurance
- Dental, Drug and Vision expenses
- Over-the-counter medications, such as aspirin, cold medicines, antacids and cough supplements if you have a prescription from your doctor

Plan C requires an employee contribution, while Plan N does not. Your employer contributes money to your Health Savings Account (HSA). The IRS maximum annual contribution to an HSA for 2019 is \$3,500 for single coverage and \$7,000 for dependent coverage. These maximums apply to the sum of your own contributions and your employer's contributions. Members ages 55+ can make additional "catch up" contributions to their HSA each year until they enroll in Medicare. The additional catch-up contribution for 2019 remains at \$1,000. Employees may elect to make changes to their HSA contributions during the calendar year. Plan C requires a \$25 per pay period or \$50 per month employee contribution in order to receive the employer contribution. Plan N does not require an employee contribution to receive the employer contribution.

Your HSA belongs to you and is “portable” which means even if you leave your employer, you take your account with you and can use it to pay for eligible medical expenses for you and your tax qualified dependents. Since the account belongs to you, you are responsible for the account investments and fees, so be sure to review the HSA investment options and account fees that apply. See the chart on page 29.

State Employees - For Plan Year 2019, the Employer HSA contribution amount will be made in quarterly installments with the **1st paychecks in January, April, July and October**.

- The employer contribution amount will be based on your enrollment at the time the contribution is given.
- While enrolled in an HSA, State of Kansas employees are eligible to enroll in a Limited Healthcare Flexible Spending Account (LHFSAs).

Non State Employer Groups (NSE Groups) - HSA and HRA employer contributions will be made monthly.

New Enrollments

Terms and Conditions must be accepted during the enrollment process to open the Health Savings Account.

State Employees - For new enrollments during the Plan Year, State Employer HSA contributions will begin the quarter following the effective date of coverage.

NSE Group Employees - NSE Group Employer HSA contributions are made monthly.

NueSynergy will mail new enrollees an HSA debit card and account information. Members will need to register their account online using the account information sent by NueSynergy. This is where members can view their account activity and learn more about available account and investment options. Visit www.kdheks.gov/hcf/sehp/HSA.htm for more information.

IMPORTANT - For IRS Guidelines regarding eligibility for Qualified HDHPs with a Health Savings Account (HSA), go to www.kdheks.gov/hcf/sehp/HSA.htm

Health Reimbursement Account (HRA)

Members who enroll in Plans C and N that are *not eligible* for an HSA or who prefer an HRA, may elect an HRA.

Members enrolling in Plans J and Q will have an HRA only for dollars earned through HealthQuest activities during the plan year and need to elect the HRA during the enrollment process. Enrollment in an HRA is available to Active and Non State employees as an alternative for those who prefer to have an HRA or are not eligible to contribute to a Health Savings Account (HSA) due to:

- Medicare enrollment
- TRICARE enrollment
- Concurrent enrollment in another health plan not considered a Qualified High Deductible Health Plan
- being eligible to be claimed as a dependent under their parent's tax return

An HRA is an employer-sponsored account that has similarities to both a Health Care Flexible Spending Account and a Health Savings Account. Contributions are funded entirely by your employer - *no employee contributions are permitted*. The HRA is not portable and any remaining funds at the end of the year will not roll into the next plan year. Participants will have sixty (60) days from the end of a plan year (December 31st) to file any claims incurred during that plan year.

Note: The IRS requires all transactions be validated, including any debit card transactions. Throughout the year, you should keep your original receipts and documentation for prescriptions and health-related expenses for all transactions (including debit card transactions), in order to verify a claim.

Should you terminate coverage with the SEHP prior to the end of the plan year, you will have sixty (60) days from your last date on SEHP coverage to file any claims incurred while you were covered that plan year.

Register your HRA with NueSynergy at www.MyKansasCDH.com in order to view account details.

Examples of medical expenses you can spend your HRA funds for include:

- Deductibles and Coinsurance
- Dental, Drug and Vision expenses
- Over-the-Counter medications, such as aspirin, cold medicines, antacids and cough supplements if you have a prescription from your doctor

The HRA employer contribution frequency and amounts will be identical to the Health Savings Account. NueSynergy will be the HRA administrator.

While enrolled in an HRA, State of Kansas employees will be eligible to enroll in a Health Care FSA through NueSynergy in order to make pre-tax contributions to pay for eligible health expenses.

For further details go to: www.kdheks.gov/hcf/sehp/HRA.htm



Flexible Spending Account Program (FSA)

www.KansasFSA.com

For State of Kansas Employees

Remember, annual FSA enrollment is an IRS requirement.

You must enroll each October during the open enrollment period. The new enrollment will become effective January 1.

The deadline to submit Dependent Care claims against your 2019 Plan Year balance is April 30, 2020.

Carry over up to \$500 in unused Healthcare or Limited Purpose FSA Funds

FSA participants can carry over up to \$500 of remaining FSA funds into the next plan year and those funds may be used for qualified medical expenses incurred during that year. This valuable feature gives you the flexibility to spend your FSA funds at a future date and reduces the likelihood that your unused funds will be forfeited. The carryover will not count against your annual election and your cumulative carryover balance from year to year cannot exceed \$500.

Remaining Health/Limited FSA funds will automatically be carried over to the type of FSA in which you are currently enrolled, as long as the balance is \$25 or greater. If the balance is below \$25, funds will not automatically carry over and will only be accessible during the run out period. After the run out period, any remaining balance will be forfeited.

If you are enrolled in Plan C or N and enroll in an HSA for the first time in plan year 2019 and previously had a Healthcare FSA, your funds will automatically carry over into a Limited Scope FSA up to \$500 maximum.

Save on eligible medical and daycare expenses.

To receive reimbursement for Dependent Care, you must submit your provider's Social Security Number or Employer Identification Number (EIN). There is no grace period for the Dependent Care FSA. You have until April 30, 2020, to submit documentation for reimbursement of Plan Year 2019 dependent care expenses. Plan the amount you put into your FSA carefully so that it does not exceed the amount you are likely to pay for eligible expenses.

Easily access your FSA funds with direct deposit and free debit card

During enrollment, you'll complete a mandatory direct-deposit form, and you will receive your free Kansas FSA debit card. By using your debit card, you'll rarely have Out-of-Pocket expenses; you'll have access to the full plan year amount on January 1, 2019; and you'll eliminate paper claim submissions. Remember, the debit card is not a paperless form of reimbursement. You may still have to submit supporting documentation for your expenses if requested by NueSynergy.

Note: Reimbursements are provided via direct deposit.

FSA balances will return to the State of Kansas 90 days after a member terminates employment.

For more information, including tools and calculators, FAQs, eligible expenses, Direct Deposit setup forms and more, visit www.MyKansasCDH.com

PLAN OPTIONS AND MEDICAL VENDORS

Choosing Your Health Plan and Plan Vendor

You have choices when it comes to your health care coverage. Selecting a plan best suited to you and your family's needs doesn't have to be difficult! Here are some important things to remember:

For Plan Year 2019, the State Employee Health Plan is offering you five health plans (Plans A, C, J, N and Q) and two medical plan vendors (Aetna and Blue Cross and Blue Shield of Kansas (BCBSKS))

Understanding the Plan Options

- You have access to all five health plans regardless of where you live.
- All Plans include 100% coverage for certain preventive services, including things like annual preventive exams, age-appropriate immunizations, mammograms, colonoscopies, etc.
- Policies have no lifetime maximum.

- Prescription coverage for all five plans is provided by Caremark regardless of which medical plan vendor (Aetna or BCBSKS) you choose.
- All plans include a Preferred Lab Benefit program through Quest Diagnostics and Stormont Vail Health.
- Deductible, Coinsurance and Out-of-Pocket maximums differ among the plans. The Health Plan Comparison Chart at the back of this book shows the differences in more detail, but here are some highlights:
 - Plan A is the only plan with office visit copays which follows the traditional PPO structure and has a different level of coverage for some services like Autism and Bariatric. Prescription drug coinsurance applies to the Out-of-Pocket (OOP) max, with no deductible requirement first.
 - Plans C and N are Qualified High Deductible Health Plans (QHDHPs). Employees electing either plan may choose a Health Reimbursement Account (HRA) or Health Savings Account (HSA).
 - Funds from the HRA or HSA can be used to help pay for your deductibles, coinsurance and other eligible out-of-pocket expenses.
 - HealthQuest dollars earned by participating in HealthQuest activities will be deposited into the account designated by the member.
 - Covered prescription drugs are subject to the annual deductible before the coinsurance applies.
 - Plans J and Q have lower deductibles than the Qualified High Deductible Health Plans and include an HRA for the purpose of accumulating Health Quest dollars earned by participating in HealthQuest activities.
 - The funds in the HRA can be used to help cover your deductible and other out-of-pocket expenses.
 - Plan J meets all Federal Requirements for employees with J-1 visas, but is available to all members - not just J-1 visa holders.

Understanding the Vendor Options

- Both vendors - Aetna and Blue Cross and Blue Shield of Kansas - offer access to a broad network of providers nationwide, allowing you flexibility in obtaining care with coverage for both Network and Non Network providers.
- Each vendor has its own unique network of contracting providers, so be sure to consider these provider networks when making your selection.
 - Since Network Providers agree to accept the plan allowance as payment in full, using Network Providers saves you money! Non Network Providers have not agreed to accept the plan allowance, so in addition to your required out-of-pocket cost, any amount above the plan allowance will be your responsibility.
 - Provider Directories are listed on each vendor page on our website - www.kdheks.gov/hcf/sehp/default.htm
- Both vendors include Telehealth benefits for virtual doctor's office visits: Teladoc for Aetna members and Amwell for Blue Cross and Blue Shield of Kansas members

BEFORE YOU ENROLL -

REMINDER - you must make elections for Plan Year 2019 or your coverage will be defaulted to Plan N with an HRA.

Become familiar with your options. For information on the health plans, vendors and more, review this booklet which includes the *Health Plan Comparison Chart* in the back, or go to our website - www.kdheks.gov/hcf/sehp/default.htm

- **Use ALEX**, a new decision making tool to help you choose your plan. www.myalex.com/kansassehp/2019
- **Attend an open enrollment meeting or online webinar** to hear detailed explanations of your benefit options and get answers to any questions you may have.
 - **State Employees -**
 - Attend one of the meetings posted here - <http://www.kdheks.gov/hcf/sehp/PY2019-SOK-OEMeetings.pdf>
 - Register for an online webinar here - <http://www.kdheks.gov/hcf/sehp/PY2019-SOK-OEWebinars.pdf>
 - **NSE Group Members -**
 - Contact your HR department benefit person for the dates and times of meetings near you.
 - Register for an online webinars here - <http://www.kdheks.gov/hcf/sehp/PY2019-NSEG-OEWebinars.pdf>
- **If you are thinking about changing your medical vendor** be sure your doctors and hospital participate with the new vendor you select for Plan Year 2019. Both medical vendors, Aetna and BCBS of Kansas, have unique provider networks. Provider Directories are listed on each vendor's web page.
- **If you are adding dependents to your plan** and have **not** previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to upload the documentation (an electronic version like a pdf) when you enroll online. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and date of birth.

QUESTIONS?

- **Contact the vendor.** Toll-free customer service numbers are listed on the inside cover of this booklet.
- **Visit our website - www.kdheks.gov/hcf/sehp/default.htm**
- **Send an e-mail to kdhe.Benefits@ks.gov**
- **Send an e-mail to kdhe.SEHPMembership@ks.gov**
- **State Employees** can contact their agency human resource office.
- **Non State Employer Group Members** can speak with their benefit contact person.

Pending Elections Statements will be automatically sent to the e-mail address you register with online when you make your election choices and can be viewed in the Membership Administration Portal (MAP). This statement is not a final notification of your elections. Once your elections have been reviewed and approved by the SEHP after open enrollment has ended, you may view your final elections in MAP.

ENROLLING FOR HEALTH CARE BENEFITS

The Annual Open Enrollment Period is October 1 through October 31. Your benefit elections become effective January 1 of the following year. Unless you experience a “qualifying event” during the plan year, your decisions are binding until the next annual open enrollment period.

Qualifying events include life-altering events such as the birth or adoption of a child, marriage, divorce, death of a spouse or a dependent, or gain or loss of employment and benefits for a spouse or a dependent.

Changing Your Coverage - Health plan changes due to a qualifying event during the plan year must be consistent with the event. The change must be made in the Membership Administration Portal (MAP) within 31 days of the event in order for the change to be effective the first day of the month following the event. If the event takes place on the first day of the month, the effective date will be that day. **Note:** If the change is not requested within this 31-day period, it will need to be requested during the next open enrollment period.

List of Qualified Dependents and Qualifying Events

For a complete list, consult the Employee Guidebook for your group:

- **State Employees** - www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf
- **NSE Group Members** - www.kdheks.gov/hcf/sehp/download/NSEGroup-EEGuide.pdf

Note: In the event of a divorce, coverage for your former spouse and stepchild(ren) ends on the last day of the month in which the divorce is finalized.

Newly Hired or Newly Eligible Employees

You have 31 days after the date you are hired or become eligible for coverage to enroll. Your coverage will become effective on the first day of the month after the completion of a 30-day waiting period. If you do not enroll by the deadline, you will not be eligible to enroll until the next open enrollment period (unless you experience a “qualifying event” that allows you to make a change).

Who Can Be Covered

In addition to covering yourself, you also can elect coverage for your eligible dependents. Your eligible dependents include:

- Your lawful spouse.
- Your child(ren) or stepchild(ren). To be covered under your health plan, your child(ren) or stepchild(ren) must be under the age of 26.

During the open enrollment period, the required documentation must be submitted online in the Membership Administration Portal (MAP). If dependent documentation is not received, the dependent(s) will not be enrolled in the health plan effective January 1, 2019.

Paying for Your Coverage - Both you and your employer share in the cost of your health care benefits. Employee contributions may be paid on a pre-tax or after-tax basis. **The pre-tax option reduces your taxable income and therefore your taxes.**

State Employees - Employee premiums for all health plans, and contributions to both the Health Savings Accounts (HSAs) for High Deductible Health Plans, and the Flexible Spending Accounts (FSAs) are deducted from your paychecks.

- The premium rate for each plan is shown in the comparison chart in the back of this booklet. Your rate will depend on whether you are full time or part time, the plan you choose, and whether you are paid 24 (semi-monthly) or 16 times per year.

NSE Group Members - Check with your benefit contact person for employee rates, etc.

OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

This is an Active Enrollment Year. All covered members will need to enroll for Plan Year 2019

To enroll for Plan Year 2019, all Active State of Kansas (SOK) employees and Non State Employer Group (NSE) members will need to log in to the Membership Administration Portal (MAP) <https://sehp.member.hrissuite.com/> and complete the enrollment process for Plan Year 2019 **even if they do not wish to change anything about their coverage.**

Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work: Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

Technical Support During the Open Enrollment Period, October 1st through October 31st: If you experience any technical issues with this portal, call the MAP Help Desk at 1-800-832-5337 (Toll Free). The MAP Help Desk will be open from October 1st through October 31st, **Monday – Friday: 7 AM to 5 PM and Saturday: 9 AM to 2 PM Central Time.**

Technical Support After Hours During Open Enrollment: Please e-mail: techsupport@hrissuite.com Include your name, phone number, and an explanation of your issue and they will troubleshoot your issue and contact you within 24 hours with a resolution.

Starting October 1st, you can visit MAP to register your online account (if you are a new member), review your contact information, Member and Family Information, and your current SEHP elections. You can make any changes you want for Plan Year 2019. The following information will provide you with step-by-step instructions on how to register your account and complete your open enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

Before you begin, make sure you have the following information ready

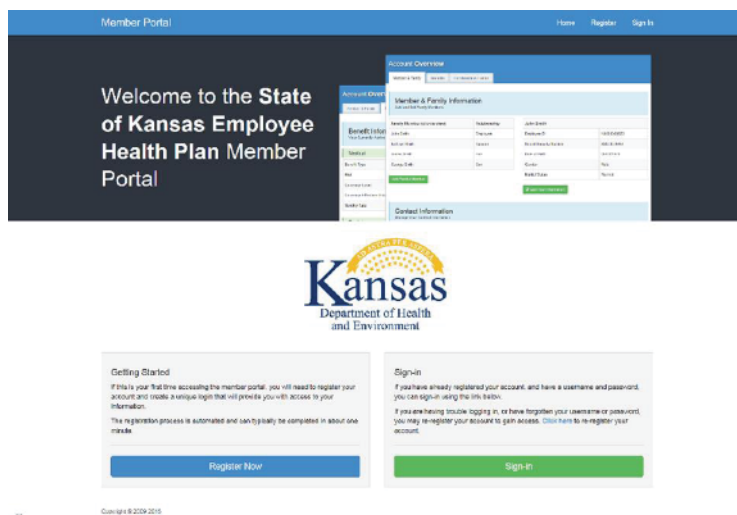
- Your Kansas Employee ID number (available from your Human Resource Office)
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth

Adding a new dependent? Dependent documentation in pdf format will need to be scanned and uploaded into MAP at the time the member is requesting to add a new dependent.

Enrollment Instructions

Human Resource Representatives can also assist the member during Open Enrollment to upload documentation.

If you are a **State or Non State Employer Group employee**, go to MAP at: <https://sehp.member.hrissuite.com/>



- The Welcome screen will appear. If this is the first time you are logging into the portal or you have forgotten your password from the last enrollment, please click on the “**Register Now**” button to get started. If you have previously registered and know your password, click on the “**Sign In**” button.
- Follow the instructions on the screen

If you are employed at ESU, KSU, KU, KUMC or PSU:

Use this link to access MAP - https://sso.cobraguard.net/seer_login.php - Select your university and you will be taken to your login screen.

You may go into MAP as many times as needed during the Open Enrollment period to make changes. Pending elections statements will be emailed to your registered email address each time an election is saved in the portal. The selection saved as of midnight on October 31, 2018, will become effective January 1, 2019. Your approved elections will be viewable in MAP by December 1, 2018.

HealthyKIDS Program - For State Employees Only

The HealthyKIDS program helps eligible State employees cover the cost of the premiums for their children enrolled in the State Employee Health Plan.

Eligibility for the HealthyKIDS program is based in part on family income. Children in households with incomes up to 250 percent of the Federal Poverty Levels, who would otherwise qualify for the Federal/State Medicaid program, may be eligible.

Check out the income guideline chart link at www.kdheks.gov/hcf/sehp/HealthyKIDS.htm to see if you may qualify. There is additional information on that site which may help to determine your eligibility. If you believe you are eligible for HealthyKIDS, go to - <https://sehp.member.hrissuite.com> to apply.

Annual application is required. If you are applying mid-year due to a qualifying event, your application must be received no later than 31 days from the date of the qualifying event.

At the time of your application, you will be notified online if you qualify and are approved for the HealthyKIDS program. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS contributions.

Prescription Drug Plan

Prescription drug coverage is provided through Caremark for all plans, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay will vary depending on the plan you select as explained below.

- **Plan A.** Under this plan, generally you pay a Coinsurance for your prescription drug costs throughout the year, up to a combined medical and pharmacy Out-Of-Pocket maximum of \$6,250 for single and \$12,500 for member with dependent coverage per year.
- **Plans C, J, N and Q.** Until you reach your deductible, you will pay 100% of the discounted cost for your prescription drugs when you present your Caremark ID card. Once you have reached your annual health plan Deductible, you pay a Coinsurance for your prescription drug costs throughout the year, up to a combined pharmacy and medical Out-Of-Pocket maximum. See page 26 for pharmacy tiers and Coinsurance.

Regardless of which plan you elect, your Out-Of-Pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: www.kdheks.gov/hcf/sehp/Caremark.htm or www.caremark.com

You can also call Caremark at 1-800-294-6324 for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during the plan year. This list is also on the website.

Before talking to your physician about prescriptions, it is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments so you can discuss your options. The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail online@caremark.com

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. A complete list of Specialty Drugs is available at www.kdheks.gov/hcf/sehp/Caremark.htm. These drugs are available exclusively

through the Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

For more information, go to www.kdheks.gov/hcf/sehp/Caremark.htm



Dental Plan

You may now elect standalone dental coverage for Plan Year 2019. Employee and eligible dependents can be enrolled in dental coverage without being enrolled in medical.

You have access to two Delta Dental provider networks.

Delta Dental PPO Network - The PPO Network Providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

Delta Dental Premier Network - Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible for paying only the specific Coinsurance and Deductibles for covered services in addition to any services not covered.

See page 23 for Basic and Enhanced Coverage information as well as rates.

For more details on Delta Dental Benefits, go to www.kdheks.gov/hcf/sehp/Delta.htm



Vision Plan

You are offered two vision plans through *Surency Life and Health*, a Kansas-based company wholly owned by Delta Dental of Kansas. See page 24 for details on the plans.

Surency partners with *EyeMed Vision Care* for your vision care provider network. Surency's *Insight* network of providers offers you the choice of independent providers or retail providers, such as *LensCrafters*, *Target*, *Sears* and *Walmart* to name a few.

Through Surency, you have access to their many value-added benefits which help you save money all year long. These include Glasses.com and ContactsDirect.com where you may access and use your benefits in their online superstores which offer a wide variety of the world's leading brands of frames and lenses.

Surency members may also receive a 40% discount for additional purchases of complete pairs of eyeglasses when using a participating EyeMed provider. Check with the Surency State of Kansas Insight Network to make sure your provider is participating in the additional discounts provided. Search for a provider near you or find more information on the vision benefits at: www.surency.com/stateofkansas

Preferred Lab Benefit - Available for All Plan Designs

For Plan A: Present your State Employee Health Plan ID Card identifying your membership. When you use a participating laboratory, either with Quest Diagnostics or Stormont Vail Health/Cotton O'Neil, for outpatient non emergency testing that is covered and approved by your health benefit plan, you pay no Deductibles, Copays, or Coinsurance.

For Plans C, J, N and Q: Present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont Vail Health/Cotton O'Neil, for outpatient non emergency testing is covered and approved by your health benefit plan, then after you meet the Deductible, covered outpatient lab tests performed by the Preferred Lab providers are paid at 100% by the Plan. Note: You may pay these claims with your Health Savings Account or Health Reimbursement Account dollars.

If your doctor doesn't use Quest Diagnostics or you are not a Cotton O'Neil patient, bring the lab orders from your doctor to one of the locations provided by Quest Diagnostics or Stormont Vail Health/Cotton O'Neil to have the lab work done and receive either benefit.



LabCard

Quest Diagnostics offers collection sites at various locations throughout Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card. For more information go to <http://www.labcard.com/> for Plan A members and <http://www.labcardselect.com/> for Plans C, J, N and Q members.



Stormont Vail Health/Cotton O'Neil offers 11 locations in northeast Kansas for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required. For more information go to <https://www.stormontvail.org/state-employees-lab>

The Preferred Lab Benefit Program does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-Laboratory work such as mammography, x-rays, imaging and dental work
- Time-sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas
- Lab work billed to your health plan by your doctor or another laboratory

The Preferred Lab Benefit is completely voluntary. If you and your health care provider choose to use a lab other than Quest Diagnostics or Stormont Vail Health, you still have laboratory coverage. However, you will be responsible for any Deductible, Copayments or Coinsurance applied by the health plan.

For details, go to www.kdheks.gov/hcf/sehp/PreferredLab.htm



Employee Assistance Program (EAP) **www.GuidanceResources.com** **Company ID: SOKEAP**

Eligibility

All active, benefits-eligible employees of the State of Kansas and our Non State Employer Groups, their dependents and other family members living in the same household are eligible to use the EAP.

With a single call to 1-888-275-1205 (option 1), you and your family members can receive confidential assistance 24 hours a day, seven days a week at no cost to you.

Services include:

- Confidential Emotional Support and Counseling
- Work-Life Solutions
- Legal Guidance and Discounts
- Financial Resources

EAP Online

GuidanceResources Online is your 24/7 link to vital information, tools and support. Log on for articles, podcasts, videos, slide shows, on-demand trainings and "Ask The Expert" professional responses to your questions.

The 24/7 Nurse Line

The 24/7 Nurse Line is available 24 hours a day, 7 days a week for any health related question. Call toll-free and speak confidentially with a specially trained nurse any time, day or night. From general health and medical information to urgent issues, the 24/7 Nurse Line can help you make the most informed decisions about what to do. 1.888.275.1205 Option 2.



HealthQuest (HQ) Rewards Program

HealthQuest Rewards Program Premium Incentive Discount

www.kansashealthquest.cernerwellness.com

State and Non State benefits eligible employees and their covered spouses who are enrolled in the medical portion of the State Employee Health Plan are eligible to participate in the HealthQuest health and wellness program. Enrolled employees and spouses can earn a premium incentive discount. For Plan Year 2020, employees and spouses enrolled in any plan who complete the required health assessment questionnaire (HA) and earn a total of 40 credits by December 31, 2019, will receive a premium incentive discount. For member only or member and child(ren) coverage tiers, when the employee earns 40 credits including completing the HA, they will earn a \$480 premium incentive discount on Plan Year 2020 premiums. For Employee/Spouse and Family tiers, the employee and their covered spouse will each need to earn 40 HQ credits and complete the HA during PY 2019 to get the full \$480 during PY 2020. If only one individual completes the requirements, the premium incentive discount will be \$240. Please note that completion of the Health Assessment (HA) is required as part of the 40 credits needed to earn the HealthQuest premium incentive discount.

In addition to HQ credits, employees and their covered spouses who are enrolled in Plans C, N, J or Q are also eligible to each earn up to \$500 in contributions into the employee's HSA/HRA. Members are able to select from a wide variety of programs to earn credits and/or dollars.

For a list of the programs available to earn credits toward the premium incentive discount, go to the HealthQuest website - <http://www.kdheks.gov/hcf/healthquest/default.htm>



Transparency Tool www.rxsavingsolutions.com

Save Money on Your Prescriptions.

Rx Savings Solutions provides an easy way for you to save money on your own prescription costs, and also help control healthcare premium increases for all of us!

Rx Savings Solutions is a simple, confidential online tool that shows you every opportunity to save money on your prescriptions. Unlike basic prescription price look-up tools or coupon programs, it will automatically alert you if you are paying too much for your prescription and tell you how to get the same treatment for less money. It works for all your dependents too.

Visit <http://myrxss.com> to enroll in your account and start saving! Or you may contact the Rx Savings Solutions Pharmacy Support team at 1-800-268-4476 or info@rxsavingsolutions.com.

Don't forget: The Rx Savings Solutions mobile app puts all the power of the website into your mobile device so you can find the best price on any new prescription you receive, even in your doctor's office. It also has many helpful features for managing all your prescriptions. Find the app in the Apple App Store or get it on Google Play.



Voluntary Benefits - www.metlife.com/stateofks

Accident, Critical Illness and Hospital Indemnity Insurance are voluntary benefits being offered through MetLife for State of Kansas employees for 2019. All three benefits are easy and cost effective ways to protect your income and savings while complementing your existing benefits.

To learn more please visit www.metlife.com/stateofks

Critical Illness

Critical illness insurance can help with unexpected expenses that may not be covered by your medical insurance.

Your medical insurance helps cover your medical bills if you get sick. But a serious illness, such as cancer, heart attack or stroke may bring unexpected expenses that might not be covered by your medical insurance.

Critical Illness insurance covers specific conditions such as cancer, heart attack or stroke, providing a lump-sum payment if you are diagnosed with a covered condition, which helps you focus on your recovery instead of your finances.

Accident Insurance

An accident can happen to anyone in the family — and with it can come unexpected expenses not covered by medical insurance. Accident insurance:

- Covers your family for a wide variety of accidental injuries, including broken bones, concussions, dislocations, and second- and third-degree burns.
- Provides a lump-sum payment when a covered person has medical services and treatments such as certain doctor visits, ambulance transportation, medical testing and physical therapy related to accidental injuries.
- Is a valuable complement to your medical insurance.
- Can help protect your savings from unexpected expenses, which could be substantial.
- Provides payment directly to you, which you can use any way you see fit.

Hospital Indemnity Insurance

Protect yourself against extra out of pocket costs. No one ever expects to be in the hospital, and your stay can require a variety of treatments, testing, therapies and other services — each of which can mean extra out-of-pocket costs.

Some of the expenses you may not expect include:

- Medical plan deductibles and copays
- Extra expenses associated with out-of-network care and treatment.

Hospital Indemnity insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event and meet the policy and certificate requirements. Typically, a flat amount is paid for the day that you are admitted to a hospital and a per-day amount is paid for each day of a covered hospital stay, from the very first day of your stay. This benefit can help you focus more on your recovery and less on the extra expenses an accident or illness may bring.

Health Plan Comparison Chart

	Plan A		Plan C or N with HSA or HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Basic Provisions				
Provider Choice	Freedom to use provider of choice, benefits based on plan description, coverage level based on provider network status			
Annual Deductible	\$1,000 / \$2,000 / \$3,000	\$1,200 / \$2,400 / \$3,600	\$2,750 Single / \$5,500 Family	\$2,750 Single / \$5,500 Family
Annual Coinsurance <i>(for all eligible expenses, unless otherwise noted)</i>	20% Coinsurance	50% Coinsurance	Coinsurance Plan C - 20% Plan N - 35%	Coinsurance Plan C - 50% Plan N - 50%
Out-Of-Pocket- Max (OOP) TOTAL	\$6,250 Single / \$12,500 Family	\$6,250 Single / \$12,500 Family	Plan C - \$5,500 Single \$11,000 Family Plan N - \$6,650 Single \$13,300 Family	Plan C - \$5,500 Single \$11,000 Family Plan N - \$6,650 Single \$13,300 Family
HealthQuest Dollars Available	Not Applicable	Not Applicable	Employee and Employee/Children \$500 Employee/Spouse and Employee Family \$1,000	
Covered Services				
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Hospital Visits	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Office Visits				
Primary Care Provider	\$40 Copayment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	\$60 Copayment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	\$50 Copayment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Telehealth <i>Available with Contracting Vendor Only</i>	\$10 Copayment	Not Available	Deductible & Coinsurance	Not Available
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Visits	\$100 Copayment (waived if admitted) then Deductible & Coinsurance	\$100 Copayment (waived if admitted) then Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance

Health Plan Comparison Chart				
	Plan J with HRA		Plan Q with HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Basic Provisions				
Provider Choice	Freedom to use provider of choice, benefits based on plan description, coverage level based on provider network status			
Annual Deductible	\$500 Single / \$1,000 Family	\$1,000 Single / \$2,000 Family	\$500 Single / \$1,000 Family	\$700 Single / \$1,400 Family
Annual Coinsurance <i>(for all eligible expenses, unless otherwise noted)</i>	25% Coinsurance	50% Coinsurance	50% Coinsurance	60% Coinsurance
Out-Of-Pocket Max - (OOP) TOTAL	\$7,350 Single / \$14,700 Family	\$10,000 Single / \$20,000 Family	\$6,650 Single / \$13,300 Family	\$6,650 Single / \$13,300 Family
HealthQuest Dollars Available	Employee and Employee/Children \$500 Employee/Spouse and Employee/Family \$1,000		Employee and Employee/Children \$500 Employee/Spouse and Employee/Family \$1,000	
Covered Services				
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Hospital Visits	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Office Visits				
Primary Care Provider	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Telehealth Available with Contracting Vendor Only	Deductible & Coinsurance	Not Available	Deductible & Coinsurance	Not Available
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Visits	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance

Health Plan Comparison Chart

	Plan A		Plan C or N with HSA or HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Other Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Ambulance Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostic Tests	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rehabilitation Services: Services are limited to those medically necessary, and appropriate medical records must show continued improvement.				
Inpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office-Based	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Testing	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Antigen Administration: desensitization/ treatment; allergy shots	Covered in Full	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Autism Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Manipulation Therapies - Limited to 30 visits per year	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Licensed Dietitian Consultation: for medical management of documented disease	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health				
Mental Illness & Drug or Alcohol Treatment:			Same Coverage as Medical	
Preventive Care: Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.				
Well Baby Exams includes newborn screenings & age appropriate office visits	Covered in Full	Not Covered	Covered in Full	Not Covered

Health Plan Comparison Chart				
	Plan J with HRA		Plan Q with HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Other Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Ambulance Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostic Tests	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rehabilitation Services: Services are limited to those medically necessary, and appropriate medical records must show continued improvement.				
Inpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office-Based	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Testing	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Antigen Administration: desensitization/ treatment; allergy shots	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Autism Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Manipulation Therapies - Limited to 30 visits per year	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Licensed Dietitian Consultation: for medical management of documented disease	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health				
Mental Illness & Drug or Alcohol Treatment:			Same Coverage as Medical	
Preventive Care: Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.				
Well Baby Exams includes newborn screenings & age appropriate office visits	Covered in Full	Not Covered	Covered in Full	Not Covered

Health Plan Comparison Chart

	Plan A		Plan C or N with HSA or HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
Well Child Exam <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Woman Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Prenatal Screenings and Counseling - see Benefit Description for list of covered services	Covered in Full	Not Covered	Covered in Full	Not Covered
Age Appropriate Bone Density Screening	Covered in Full	Not Covered	Covered in Full	Not Covered
Immunizations	Covered in Full	Covered in Full to age 6, otherwise Deductible & Coinsurance	Covered in Full	Covered in Full to age 6, otherwise Deductible & Coinsurance
Mammography (not limited to one)	Covered in Full	Deductible & Coinsurance	Covered in Full	Deductible & Coinsurance
Colonoscopy (not limited to one)	Covered in Full	Not Covered	Covered in Full	Not Covered
Ultrasonography for Aortic Aneurysm - limited to men ages 65 to 75 with history of tobacco use	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Hearing Exam	Covered in Full	Not Covered	Covered in Full	Not Covered
Vision Exam	1st Exam of year Covered in Full	Not Covered	1st Exam of year Covered in Full	Not Covered

Health Plan Comparison Chart

	Plan J with HRA		Plan Q with HRA	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the Benefit Description for details on exact coverage.</i>				
Well Child Exam <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Woman Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Prenatal Screenings and Counseling - see Benefit Description for list of covered services	Covered in Full	Not Covered	Covered in Full	Not Covered
Age Appropriate Bone Density Screening	Covered in Full	Not Covered	Covered in Full	Not Covered
Immunizations	Covered in Full	Covered in Full to age 6, otherwise Deductible & Coinsurance	Covered in Full	Covered in Full to age 6, otherwise Deductible & Coinsurance
Mammography (not limited to one)	Covered in Full	Deductible & Coinsurance	Covered in Full	Deductible & Coinsurance
Colonoscopy (not limited to one)	Covered in Full	Not Covered	Covered in Full	Not Covered
Ultrasonography for Aortic Aneurysm - limited to men ages 65 to 75 with history of tobacco use	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Hearing Exam	Covered in Full	Not Covered	Covered in Full	Not Covered
Vision Exam	1st Exam of year Covered in Full	Not Covered	1st Exam of year Covered in Full	Not Covered

The Comparison Chart is NOT the governing document. Members need to refer to the Benefit Descriptions posted on each vendor page on the SEHP website, www.kdheks.gov/hcf/sehp/default.htm or contact the vendor directly if there are coverage questions. Contact information for all SEHP vendors is on the inside cover of this booklet.

2019 **Semi-Monthly Rates** for State of Kansas Active Employees

Employee Category	PLAN A	PLAN C	PLAN J	PLAN N	PLAN Q
	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS	Aetna / BCBS
Full-Time					
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$26.35
Employee + Spouse	\$262.82	\$137.01	\$169.89	\$93.38	\$104.75
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$48.91
Employee + Family	\$460.14	\$230.77	\$291.09	\$166.34	\$198.11
All Part-Time					
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$39.39
Employee + Spouse	\$392.07	\$175.23	\$199.12	\$119.45	\$133.99
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$66.43
Employee + Family	\$622.16	\$278.29	\$331.87	\$200.59	\$238.90
HealthyKIDS					
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$37.14
Employee + Family	\$344.00	\$211.06	\$274.17	\$152.13	\$181.19
<p>**If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract \$20 per pay period from the rates above to determine the amount of your discounted semi-monthly premium.</p> <p>Note: Non State Group Employees should check with their HR office for premium rates.</p>					

2019 **Semi-Monthly Rates** for State of Kansas Active Employees

Employee Category	Delta Dental	Surency Vision Basic Monthly	Surency Vision Enhanced Monthly
Full-Time			
Employee Only	\$6.07	\$3.68	\$7.24
Employee + Spouse	\$14.83	\$7.21	\$14.29
Employee + Children	\$13.07	\$6.51	\$12.89
Employee + Family	\$21.86	\$10.05	\$19.99
All Part-Time			
Employee Only	\$10.95	\$3.68	\$7.24
Employee + Spouse	\$21.99	\$7.21	\$14.29
Employee + Children	\$19.78	\$6.51	\$12.89
Employee + Family	\$30.91	\$10.05	\$19.99
HealthyKIDS			
Employee + Children	\$7.63	\$6.51	\$12.89
Employee + Family	\$16.39	\$10.05	\$19.99

Please note that the Vision rates are monthly and deducted from the 1st paycheck of the month.

Delta Dental Benefits			
	PPO Network Provider	Premier Network Provider	Non Network* Provider
Annual Benefit Maximum	\$1,700 per member		
Lifetime Orthodontic Benefit	50% Coinsurance to a maximum of \$1,000 per member		
Implant Coverage <i>(Benefit subject to Annual Benefit Maximum above)</i>	50% Coinsurance		
DEDUCTIBLE			
Diagnostic and Preventive Services	No Deductible		
Basic Restorative Services	\$50 per person per Plan Year, not to exceed an Annual Family Deductible of \$150		
Major Restorative Services			
COINSURANCE			
BASIC BENEFIT Applies when you have not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan*		
Basic Restorative Services	50%	50%	50%
Major Restorative Services	60%	70%	70%
ENHANCED BENEFIT Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan*		
Basic Restorative Services	20%	40%	40%
Major Restorative Services	50%	50%	50%
<i>*Dental Services by Non Network providers are subject to the Allowed Amount, including the Maximum Plan Allowance for Non Network Providers. Any amounts in excess of the Allowed Amount will be the member's responsibility.</i>			
<i>Your Coinsurance will increase for Basic Restorative Services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month period. Ninety (90) days following receipt of a qualifying prophylaxis (cleaning) or preventive oral exam, you will qualify for the Enhanced Benefit Level. The Plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis (cleaning) and preventive oral exam. Routine prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.</i>			

Surency Vision Benefits			
Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
Eye Exams: Subject to \$50 Copayment			
Eye Exam, M.D. or O.D.	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$38
Eyeglasses: Subject to \$25 Materials Copayment			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45 Enhanced: Up to \$78
Single Vision Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$31
Bifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$51
Trifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$64
Lenticular Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$80
Progressive Lenses, pair	Not Covered <i>Plan Discount Available</i>	Covered up to \$165*	Not Covered
High Index Lenses, pair	Not Covered <i>Plan Discount Available</i>	Up to \$116 retail*	Not Covered
Polycarbonate Lenses, pair	Up to \$40	Covered in Full	Not Covered
Scratch Coat	Up to \$15	Covered in Full	Not Covered
UV Coat	Up to \$15	Covered in Full	Not Covered
Contact Lenses: Not subject to Materials Copayment			
NOTE: Contact Lens allowance must be used in one (1) purchase each year.			
When Medically Necessary	Covered in Full	Covered in Full	Up to \$105
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Up to \$105
Contact Lens Exam (fitting fee) (\$35 Copayment)			
Standard Contacts**	Covered in Full	Covered in Full	Not Covered
Specialty Contacts***	90% of charge, less \$55 allowance	90% of charge, less \$55 allowance	Not Covered
<p>* You are responsible for any charges above the allowance.</p> <p>** Standard contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical standard lenses include disposable, daily wear or extended wear lenses.</p> <p>*** Specialty contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical specialty lenses include toric, gas permeable and multi-focal lenses.</p> <p>NOTE: Members may use their benefit for contact lenses OR spectacle lenses once per year; however, the member's frame allowance can still be used even if contact lenses are elected.</p> <p>Surency Vision plans include many discount programs as well, for things such as Progressive lenses, LASIK, Polarization, Photochromic Transition Lenses, non-prescription sunglasses and more.</p> <p>KNOW BEFORE YOU GO: Find out about plan discounts and what your costs will be prior to receiving services by visiting: www.Surency.com/stateofkansas</p>			

Caremark Prescription Drug Benefits for Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at www.caremark.com

Tier	Type of Prescription Medication	You Pay	Your Out-Of-Pocket Maximum
1	Generic Drugs	20% Coinsurance	There is an Out-Of-Pocket maximum of \$6,250 for single and \$12,500 for family combined Medical and Pharmacy per year.
2	Preferred Brand Name Drugs	40% Coinsurance	
3	Special Case Medications	40% Coinsurance to a maximum of \$100 per standard unit of therapy / 30-day supply	
4	Non Preferred Brand Name Drugs	65% Coinsurance	
5	Discount Tier Medications	100% Coinsurance	N/A
6	Anticancer Oral Medications	20% Coinsurance to a maximum of \$100 per standard unit of therapy / 30-day supply	Applies to the Out-Of-Pocket maximum (See above)
Value Based	Diabetes	Generic - 10% to a max of \$20/30-day supply Preferred brand - 20% to a max of \$40/30-day supply	Applies to the Out-Of-Pocket maximum (See above)
Value Based	Asthma		

Compound Medications now must be filled at Network Pharmacies only.

Caremark Prescription Drug Benefits for Plans C , J, N and Q

Tier	Type of Prescription Medication	After Deductible is Satisfied, You Pay
1	Generic Drugs	20% Coinsurance
2	Preferred Brand Name Drugs	40% Coinsurance
3	Non Preferred Brand Name Drugs	65% Coinsurance
4	Discounted Tier Medications	100% Coinsurance
5	Anticancer Oral Medications	Coinsurance

Compound Medications now must be filled at Network Pharmacies only.

NueSynergy Flexible Spending Account - FOR STATE EMPLOYEES ONLY

	Health Care FSA for Plans A, J, & Q or Plans C or N w/HRA		Limited Purpose FSA for Plans C or N w/HSA - Dental and Vision Svcs. Only		Dependent Care FSA for Plans A, C, J, N and Q	
Payroll Deductions	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
24 semi-monthly	\$8.00	\$110.41	\$8.00	\$110.41	\$16.00	\$208.33*
Regent Academic Year Employee	\$8.00	\$165.62	\$8.00	\$165.62	\$16.00	\$312.50*
Total Deductions Per Year		Employee Max \$2,650.00		Employee Max \$2,650.00		Family Max \$5,000.00*

**Subject to tax filing status*

The payroll deduction amounts listed above are current for 2018. If there is a change when the new guidelines come out in October, we will update them in the online version of this booklet.

Employees that terminate coverage in 2019 will have 90 days after their termination date to pay out claims. After 90 days the account will be closed.

Health Savings Account - Available with Plan C

	Full-Time Employee			Part-Time Employee		
	Employee Only	Employee / Spouse and Family	Employee / Child(ren)	Employee Only	Employee / Spouse and Family	Employee / Child(ren)
Employer Contribution Annual Amount	\$1,000.00 per year	\$1,250.00 per year	\$1,750.00 per year	\$625.20 per year	\$687.60 per year	\$1,187.60 per year
Employer Contribution Quarterly Amount	\$250.00 per quarter	\$312.50 per quarter	\$437.50 per quarter	\$156.30 per quarter	\$171.90 per quarter	\$296.90 per quarter
Employee Bi-Weekly Contributions	\$25.00 to \$83.33	\$25.00 to \$197.91	\$25.00 to \$197.91	\$25.00 to \$98.95	\$25.00 to \$221.35	\$25.00 to \$221.35
Regent Academic Year Employee Contributions	\$25.00 to \$125.00	\$25.00 to \$296.87	\$25.00 to \$296.87	\$25.00 to \$148.42	\$25.00 to \$332.02	\$25.00 to \$332.02
IRS Maximum Total Employee and Employer Amounts	\$3,500.00	\$7,000.00	\$7,000.00	\$3,500.00	\$7,000.00	\$7,000.00

State Employer contributions will be made quarterly - the 1st pay period in January, April, July and October.

Non State Employees should check with their Human Resource Office for Employer contribution frequency.

As you select your HSA contribution for 2019, remember that you and your covered spouse will also be eligible to earn up to \$500 each for your account through HealthQuest activities.

You will be responsible for ensuring that the contributions to your HSA account by you and your employer do not exceed the IRS maximums. Amounts in excess of the IRS limit will be subject to taxes. You may adjust (increase or reduce) your contribution during the year by logging into your account on the Membership Administration Portal (MAP) and submitting a request.

Health Savings Account - Available with Plan N

	Full-Time Employee			Part-Time Employee		
	Employee Only	Employee / Spouse and Family	Employee / Child(ren)	Employee Only	Employee / Spouse and Family	Employee / Child(ren)
Employer Contribution Annual Amount	\$500.00 per year	\$625.00 per year	\$875.00 per year	\$312.75 per year	\$343.80 per year	\$593.80 per year
Employer Contribution Quarterly Amount	\$125.00 per quarter	\$156.25 per quarter	\$218.75 per quarter	\$78.15 per quarter	\$85.95 per quarter	\$148.45 per quarter
Employee Bi-Weekly Contributions	\$0.00 to \$104.16	\$0.00 to \$223.95	\$0.00 to \$234.37	\$0.00 to \$111.96	\$0.00 to \$235.67	\$0.00 to \$246.09
Regent Academic Year Employee Contributions	\$0.00 to \$156.25	\$0.00 to \$335.93	\$0.00 to \$351.56	\$0.00 to \$167.95	\$0.00 to \$353.51	\$0.00 to \$369.13
IRS Maximum Total Employee and Employer Amounts	\$3,500.00	\$7,000.00	\$7,000.00	\$3,500.00	\$7,000.00	\$7,000.00

State Employer contributions will be made quarterly - the 1st pay period in January, April, July and October.

Non State Employees should check with their Human Resource Office for Employer contribution frequency.

As you select your HSA contribution for 2019, remember that you and your covered spouse will also be eligible to earn up to \$500 each for your account through HealthQuest activities.

You will be responsible for ensuring that the contributions to your HSA account by you and your employer do not exceed the IRS maximums. Amounts in excess of the IRS limit will be subject to taxes. You may adjust (increase or reduce) your contribution during the year by logging into your account on the Membership Administration Portal (MAP) and submitting a request.

Health Savings Account (HSA) Banking Information for Plan C or N

Banking Institution	NueSynergy
Web Site	<i>www.MyKansasCDH.com</i>
Monthly Administrative Fee (waived with an average daily balance of \$2,000)	\$.85
ATM Transaction Fee	\$0
Setup Fees	\$0
Overdraft Fees	\$0
Stop Payment	\$0
Returned Items	\$15.00
Copies of Checks	\$0
Paper Statement	\$1.50
Replacement of Debit Cards	\$0
Account Closing Fee	\$15.00
Inactive Account Fee	\$2.25
Check Reimbursement Fee	\$0
Interest Rate	Please contact NueSynergy at 1-855-750-9440 for the most accurate rates available.
Excess Contribution Refund Fee	\$0
Minimum Balance Requirement	No Minimum
Investment Threshold	\$1,000
Monthly Brokerage Account Fees	\$2.50

Health Reimbursement Account (HRA)

The HRA employer contribution frequency and amounts will be identical to that of the Health Savings Account. NueSynergy will be the HRA administrator. Members will also be eligible to enroll in a Health Care FSA through NueSynergy in order to make pre-tax contributions to pay for eligible health expenses. Reimbursements for either account can be made via debit card, online, fax or mail.

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Kansas Department of Health and Environment
STATE EMPLOYEE HEALTH PLAN
Rm. 900-North, Landon State Office Building
900 SW Jackson Street
Topeka, KS 66612

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